

07-27-01

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Atty. Dkt. No. 070191/320 (30-CD-6181)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Surwillo, et al.

Title: A MEDICAL TESTING SYSTEM
WITH AN ILLUMINATING
COMPONENT AND AUTOMATIC
SHUT-OFF

Appl. No.:

Filing Date:

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Box NEW PATENT APPLICATION, Washington, D.C. 20231.	
EL843898225US	July 26, 2001
(Express Mail Label Number)	(Date of Deposit)
Lillian M. Curry (Printed Name)	
 (Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box NEW PATENT APPLICATION
 Washington, D.C. 20231

Dear Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

John M. Surwillo
 Patricia J. Mikula
 Gary J. Secora
 Glenn Stern

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (17 pages, plus cover sheet).
- ☒ Formal drawings (6 sheets, Figures 1-6).
- ☒ Unexecuted Declaration and Power of Attorney (4 pages).
- ☐ Executed Assignment of the invention to GE Medical Systems Information Technologies, Inc. (___ pages).
- ☐ Assignment Recordation Cover Sheet (1 page).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	24	- 20	= 4	x \$18.00	= \$72.00
Independents:	5	- 3	= 2	x \$80.00	= \$160.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
				SUBTOTAL:	= \$942.00
[]				Small Entity Fees Apply (subtract 1/2 of above):	= \$0.00
				TOTAL FILING FEE:	= \$942.00

[X] Please charge Deposit Account No. 07-0845 in the amount of \$942.00 to cover the filing fee.

[] Please charge Deposit Account No. 07-0845 in the amount of \$ to cover the Assignment recordation fee.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7/26/01

By Neal D. Marcus

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